

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>4/16/02</u>		2 Serial/Patent # <u>10/005,922</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
X	Petition	3	1/15/02	\$ 130.00							
X	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND								
			\$ 130.00								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">4</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">7</td></tr></table>			5	0	--	0	4	2	7
5	0	--	0	4	2	7					
X	No Fee Due (Explanation):	Express Mail zip code prob of 11/01. Postal Emergency.									
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>E. SHIRENE WILLIS</u>		TITLE: <u>Petitions Attorney</u>									
SIGNATURE: <u>E. Shirene Willis</u>		PHONE: <u>308-6717</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alison Kelly</u>		DATE: <u>5-23-02</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: